COMPLETE IF KNOWN					
COMPLETE IF KNOWN					
tion Number /					
ate					
Art Unit					
er Name					
	ate vrt Unit				

					
As a below named inv	ventor, I hereby declare the	hat:			
My residence, post offi	ce address, and citizenship	are as stated below next	to my name.		
I believe I am the original, are listed below) of the sut	first and sole inventor (if only o bject matter which is claimed ar	ne name is listed below) or and for which a patent is sough	n original, first and j	joint inventor (if plur	al names
SILICON-ON-INSULA	ATOR PHOTODIODE OPT STATE LIGHT SYSTEMS	TICAL MONITORING SYS	TEM FOR COLO	OR TEMPERATU	RE
the specification of which	(Title of t	the Invention)			
is attached hereto	• · · · · · · · ·	ne invention,			
OR					
was filed on (MM/DD)/YYYY)	as United States Ar	oplication Number c	or PCT International	
Application Number	and	 d was amended on (MM/DD/Y	YYY) [(if	applicable).
I hereby state that I have revies specifically referred to above.	ewed and understand the conte	•	,	•	
	close information which is mate tion which became available be continuation-in-part application.		J in 37 CFR 1.56, in rior application and	icluding for continua the national or PCT	ition-in-part
States of America, listed below	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internat w and have also identified belo or of any PCT international ap	uonal application which desig	nated at least one	country other than	the United
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority	Certified Copy A	Attached?
	- Journal y	(MINI/DD/1111) Country	Not Claimed	YES	NO
	!				
Additional foreign application	ion numbers are listed on a sur	pplemental priority data sheel	PTO/SB/02B attac	ched hereto:	

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Direct all correspondence to:	Customer Num or Bar Code La	ber bel	*2473	7*	OR	⊠ ca	оптеspondance address belov		
Philips Electronics North Ame	rica Corporation								
Name	·								
P.O. BOX 3001									
Address									
BRIARCLIFF MANOR		NY			Τ,	10510			
City	_	State			1	ZIP			
U.S.A.			(914)	945-600		T	332-0615		
Country			Telep			Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the									
NAME OF SOLE OR FIRST I	NVENTOR:	A petit	ion has	s been	filed for t	his unsig	ned inventor		
Given Name JOHN (first and middle [if any])	Family Name PETRUZZELLO or Surname								
Inventor's Signature + #	uf c				Date 🗴	91	27/04		
CARMEL /	/	NY		USA		USA			
Residence: City	i	State		Coun	trv	1	enship		
1019 N. HORSEPOUND ROAD				1	<u>y</u>	Citiz	EIISIIIP		
Mailing Address									
CARMEL		NY		10512		USA			
City		State		Zip		Cour	ntr.v		
NAME OF SECOND INVENTO	OR: A pe	etition has be	en file		is unsign				
Given Name THEODORE (first and middle [if any])			Fami	ily Name					
nventor's Signature					Date				
PUTNAM VALLEY		NY		USA		USA			
Residence: City	ĺ	State		Counti	n,	1			
5 BELL HOLLOW ROAD				Oddin	<u> </u>	Citizer	isnip		
failing Address									
UTNAM VALLEY		NY	T	40570		T			
ity				10579		USA]		
		State		Zip		Countr	у		

Direct all correspondence to:	Customer Numb or Bar Code Lab		*24737*		OR	. [Correspondance address below	
Philips Electronics North Amer	rica Corporation							
Name								
P.O. BOX 3001					·	_		
Address						-		
BRIARCLIFF MANOR		NY				1051	10	
City		State				ZIP		
U.S.A.			(914) 9	45-6000)	(914) 332-0615	
Country			Teleph	one		<u> </u> F	-ax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF THIRD INVENTOR	₹:	☐ A petit	ion has	been f	iled for	this	unsigned inventor	
Given Name BENOIT (first and middle [if any])	Family Name VEILLETTE or Surname							
Inventor's Signature					Date			
LAKE OSWEGO		OR		USA			CA	
Residence: City		State		Count	try		Citizenship	
6024 SW JEAN ROAD								
Mailing Address								
LAKE OSWEGO		OR		97035			USA	
City		State		Zip			Country	
NAME OF FOURTH INVENT	ron: Ap	etition has b	een file	d for th	is unsi	gned	l inventor	
Given Name (first and middle [if any])				ily Nam urname				
Inventor's Signature					Date			
Residence: City		State		Count	try		Citizenship	
Mailing Address								
City		State		Zip			Country	

DECLARA		N FOR UTILITY OR	Attorney Docket Number First Named Inventor	US030335 John Petruzzello et al
	NT A	APPLICATION	СОМР	LETE IF KNOWN
(37 CFR 1.63)	Application Number	1		
	Submitted OR Submitted after Initial With Initial Filing (surcharge		Filing Date	
With Initial Filing		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit	
		required)	Examiner Name	

					· · · · · · · · · · · · · · · · · · ·					
As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
SILICON-ON-INSUL	ATOR PHOTODIODE OPT STATE LIGHT SYSTEMS	ICAL MONITORING SYS	TEM FOR COLO	OR TEMPERATI	URE					
the specification of which	n (Title of ti	he Invention)								
is attached hereto										
OR										
was filed on (MM/DI	D/YYYY)	as United States Ap	pplication Number o	or PCT Internationa	al					
Application Number	and	was amended on (MM/DD/Y	YYY)	(it	f applicable).					
I hereby state that I have revi specifically referred to above.	ewed and understand the conte	ents of the above identified sp	ecification, including							
international filing date of the	close information which is mate tion which became available be continuation-in-part application.	tween the filing date of the pr	for application and	the national or PC	T					
States of America, listed belo	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internat w and have also identified belo or of any PCT international ap	w by checking the box any f	nated at least one	country other than	n the United					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority	Certified Copy	Attached?					
	Country	(MIM/DD/1111) Country	Not Claimed	YES	NO					
	.									
Additional foreign applicat	ion numbers are listed on a sup	pplemental priority data sheet	PTO/SB/02B attac	hed hereto:						

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Direct all correspondence to:	Customer Num or Bar Code La		*2473	7*	OF	7	Correspondance address below
Philips Electronics North Ame	erica Corporation						
Name							
P.O. BOX 3001	-						
Address							
BRIARCLIFF MANOR		NY				105	10
City		State				ZIP	
U.S.A.		-	(914)	945-600	0		(914) 332-0615
Country	-		Telep				Fax
I hereby declare that all statements m believed to be true; and further that th punishable by fine or imprisonment, o application or any patent issued there	r both under 1811S	n knowledge are made with the k C. 1001 and that	true and nowledg such wi	I that all s le that wil illful false	tatement Iful false statemer	s mad stater nts ma	de on information and belief are ments and the like so made are ay jeopardize the validity of the
NAME OF SOLE OR FIRST	INVENTOR:	A petiti	on has	been f	iled for	this	unsigned inventor
Given Name JOHN (first and middle [if any])			Fam or S	nily Nam jurname	e PET	RUZ	ZELLO
Inventor's Signature					Date		
CARMEL		NY		USA			USA
Residence: City		State		Count	rv		Citizenship
1019 N. HORSEPOUND ROAD				·			OMZONOMP
Mailing Address							
CARMEL		NY		10512			USA
City		State		Zip			Country
NAME OF SECOND INVENTO	OR: A pe	etition has be	en file	d for thi	s unsig	ned	
Given Name THEODORE (first and middle [if any])			Fami	ly Name		AVIO	
Inventor's Signature	Theres	-			Date从	- 1	1/0/14
PUTNAM VALLEY		NY		USA			USA
Residence: City		State		Countr	v	- 1	Citizenship
25 BELL HOLLOW ROAD							- inzeriorap
Mailing Address							
PUTNAM VALLEY		NY		10579		٦.	JSA
City		State		Zip		-	Country
				<u></u>			Jountry

Direct all correspondence to: Customer Num or Bar Code Lal		*24737*		OR	? [Correspondance address below
Philips Electronics North America Corporation						
Name						
P.O. BOX 3001						
Address						
BRIARCLIFF MANOR	NY				1051	10
City	State				ZIP	
U.S.A.		(914) 9	45-6000)	(914) 332-0615
Country		Teleph	one			ax
I hereby declare that all statements made herein of my ow believed to be true; and further that these statements were punishable by fine or imprisonment, or both, under 18 U.S application or any patent issued thereon.	made with the I	knowledge	that will	ful false :	staten	nents and the like so made are
NAME OF THIRD INVENTOR:	A petit	tion has	been f	iled for	this	unsigned inventor
Given Name BENOIT Family Name VEILLETTE or Surname						TE
Inventor's Signature	_			Date		
LAKE OSWEGO	OR		USA			CA
Residence: City	State		Count	try		Citizenship
6024 SW JEAN ROAD						
Mailing Address	_					
LAKE OSWEGO	OR		97035	i		USA
City	State		Zip			Country
NAME OF FOURTH INVENTOR: A	etition has b	een file	d for th	is unsi	gnec	1 inventor
Given Name (first and middle [if any])			ily Nam urname			
Inventor's Signature	·		_	Date		
Residence: City	State		Count	try]	Citizenship
Mailing Address	,					
City	State		Zip			Country

PTO/SB/01 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

	1	US030335	
Under the Paperwork Reduction Act of 1995, no persons are requ	ired to respond to a collection of informat	mark Office; U.S. DEPART tion unless it contains a va	ilid OMB control numbe

DECI		N FOR UTILITY OR ESIGN	Attorney Docket Number First Named Inventor	US030335 John Petruzzello et al
ļ	PATENT	APPLICATION	COMPL	ETE IF KNOWN
	(37 CFR 1.63)	Application Number	1	
⊠Decla Subn		Declaration Submitted after Initial	Filing Date	
With Filing		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit	
	···	required)	Examiner Name	

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, I are listed below) of the sub	first and sole inventor (if only or pject matter which is claimed an	ne name is listed below) or ar	n original, first and j	joint inventor (if plu	ıral names					
SILICON-ON-INSULA	ATOR PHOTODIODE OPTI STATE LIGHT SYSTEMS	ICAL MONITORING SYS			URE					
the specification of which	(Title of the	he Invention)								
is attached hereto	·	,								
OR										
was filed on (MM/DD)/YYY)	as United States Ap	pplication Number of	or PCT Internationa	al					
Application Number	and	J was amended on (MM/DD/Y)	YYY) [f applicable).					
I hereby state that I have revies specifically referred to above.	ewed and understand the conte									
applications, material informat	close information which is mater tion which became available be continuation-in-part application.	tween the filing date of the or	l in 37 CFR 1.56, in ior application and	cluding for continu the national or PC	uation-in-part :T					
States of America, listed below	benefits under 35 U.S.C. 119(a or 365(a) of any PCT internat w and have also identified belo or of any PCT international ap	ional application which design by the box any fo	nated at least one	country other tha	n the United					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	Attached?					
	,	(Minibort 117 Country	Not Claimed	YES	NO					
		,								
	·									
			· 🗆							
Additional foreign applicati	ion numbers are listed on a sup	oplemental priority data sheet	PTO/SB/02B attac	hed hereto:						

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Direct all correspondence to:	Customer Num or Bar Code La	ber bel	*2473	7*	OR	Correspondance address	s belo
Philips Electronics North Ame	erica Corporation						
Name							
P.O. BOX 3001							
Address							
BRIARCLIFF MANOR		NY				10510	
City		State			Z	ZIP	
U.S.A.			(914)	945-600	10	(914) 332-0615	
Country			Telep			Fax	
I hereby declare that all statements in believed to be true; and further that the punishable by fine or imprisonment, of application or any patent issued there	or both, under 18 H.S.	n knowledge are made with the l C. 1001 and tha	true and knowledg at such w	d that all s ge that wi illful false	statements llful false st statements	made on information and belief a atements and the like so made a s may jeopardize the validity of th	ere ire he
NAME OF SOLE OR FIRST	INVENTOR:	A petit	ion has	s been	filed for t	his unsigned inventor	
Given Name JOHN (first and middle [if any])				nily Nan Surname		RUZZELLO	
Inventor's Signature				_	Date		-
CARMEL		NY		USA	•	USA	
Residence: City		State		Coun	try	Citizenship	
1019 N. HORSEPOUND ROAD						•	
Mailing Address							
CARMEL		NY		10512		USA	
City		State		Zip		Country	
NAME OF SECOND INVENT	OR: A po	etition has be	een file	d for th	is unsign		
Given Name THEODORE (first and middle [if any])				ily Nam urname		AVIC	
Inventor's Signature					Date		_
PUTNAM VALLEY		NY		USA		USA	
Residence: City		State	1	Count	rv	Citizenship	
25 BELL HOLLOW ROAD						1 - macriotisp	
Mailing Address							
PUTNAM VALLEY		NY		10579		USA	
City		State	1	Zip			i
						Country	

Direct all correspondence to:	ect all correspondence to: Customer Numb or Bar Code Lab		*24737*			OF	?	Correspondance address below	
Philips Electronics North America Corporation Name									
P.O. BOX 3001									
Address									
BRIARCLIFF MANOR					10			10	
City			State				ZIP)	
U.S.A.			(914))		(914) 332-0615	
Country			Telepi					Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor									
Given Name BENOIT Robert Family Name VEILLETTE or Surname								ΓΤΕ	
Inventor's Signature & Bernt R. Ville Date & 10/12/04									
LAKE OSWEGO Portland			OR		USA			CA	
Residence: City			State		Country			Citizenship	
6024 SW JEAN ROAD 11438 SW Oak Creek Drive Mailing Address									
LAKE OSWEGO Portland			OR		97035-972/		19	USA	
City		State			Zip		-, (Country	
NAME OF FOURTH INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature					Date				
Residence: City			State		Country			Citizenship	
Mailing Address									
City			State		Zip			Country	